

DISASTER ASSISTANCE SAVINGS CERTIFICATE EARLY WITHDRAWAL REQUEST

Please print all information legibly.



Date _____

Complete this form to request penalty-free early withdrawal from your Savings Certificate if you have been impacted by a federal disaster event. The standard Early Withdrawal fee is waived on requests made within 60 days from the date of declaration of a federal disaster area. IRA Savings Certificates are not eligible for this offer.

1 Member Information

Name (First Middle Last)

Member Number

Email Address

Mobile/Primary Phone Number

Alternate Phone Number

2 Savings Certificate Information

If you do not wish to withdraw the entire certificate amount, you must maintain the minimum required balance. For regular certificates, the minimum balance is \$1,000. For junior jumbo certificates, the minimum balance is \$25,000. For jumbo certificates, the minimum balance is \$50,000.

Account ID or Suffix

Certificate Term

Maturity Date

Withdrawal Amount:

Certificate Balance

Partial Amount \$ _____

Deposit Savings Certificate proceeds:

To my Advancial checking account ID _____

To my Advancial savings account ID _____

3 Signature

I hereby request an early withdrawal of the Savings Certificate above in order to access funds needed to cover expenses incurred due to a federal disaster event. I understand that Advancial is waiving the penalty for early withdrawal as a courtesy to help ease this financial hardship. I agree that Advancial may request documentation to verify financial hardship and impact of the declared disaster at my residence. I understand that an early withdrawal from my savings certificate before the dividend crediting date will cause a reduction or forfeiture of the dividends accrued during that month. Savings certificates established after the date of declaration of federal disaster area are not eligible for penalty-free early withdrawal. **Advancial reserves the right to refuse any Disaster Assistance Savings Certificate Early Withdrawal request.**

Signature _____

Date _____

Please submit completed form to any Advancial branch office or send to:

Advancial
Attn: Product Management
1845 Woodall Rodgers Fwy., Ste. 1300, Dallas, TX 75201-2260

Fax: 214.880.9539

CREDIT UNION USE ONLY

Date Received

Date Processed

Processed By

Approved

Denied

Reason _____